



AUTHORIZATION TO RELEASE INFORMATION FROM MY EDUCATION RECORDS

Student Name: _____ Social Security Number: XXX-XX-_____

Check one or more of the following:

- I hereby authorize the release of my mid-term and final grades for _____ Semester _____ Year
- I hereby authorize the release of my mid-term and final grades each term.
- I hereby authorize oral and/or written communication with Milligan College faculty.
- I hereby authorize oral and/or written communication with Milligan College staff.
- I hereby authorize the release of information related to my student account and financial aid, including oral and/or written communication with Milligan College Student Financial Services staff, as requested.
- I hereby authorize the release of information related to injuries received as a result of my participation in intercollegiate athletics.

Permission to release to:

(1) Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

(2) Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Student's Signature: _____ **Date:** _____

This completed form should be submitted to:

Registrar's Office
Fax to 423.461.8716
Mail to P.O. Box 52
Milligan College, TN 37682

Questions? Call 423.461.8788